

<b>Case Number:</b>	CM14-0127451		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/13/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male who reported an injury on 01/13/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of arthrodesis at L5-S1, bulging disc at L4-5 and L5-S1, spondylolisthesis at L5-S1, thoracic pain, neck pain, and post laminectomies of the left L3, bilateral L4, and bilateral L5. Past medical treatment consists of surgery, physical therapy, acupuncture, and medication therapy. Medications include Norco, Colace, Exalgo, lactulose, and Dilaudid. The injured worker has undergone MRIs and x-rays. A urinalysis was submitted on 03/11/2014, showing that the injured worker was in compliance with medications. On 08/18/2014, the injured worker complained of left foot pain. The physical examination revealed that the left patella had deep tendon reflexes of 1+, and 2+ on the right patella. Straight leg raise testing was positive on the left and negative on the right. The medical treatment plan was for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Exalgo Hydromorphone HCL ER 16 mg #30, 3-6 months supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78 and 93.

**Decision rationale:** The request for Exalgo is not medically necessary. The California MTUS Guidelines' criteria state that the lowest possible dose should be prescribed to improve pain and function, and there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain, the least reported pain over the period since the last assessment, the average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There should also be the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain, which include pain relief, side effects, physical and psychosocial functioning and aberrant (or non-adherent) drug related behaviors. The MTUS also requires the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Exalgo can cause respiratory depression and apnea. Patients taking Exalgo may experience some circulatory depression, respiratory arrest, shock, and cardiac arrest. The submitted documentation lacked any indication of the efficacy of the medication. Furthermore, it was not indicated whether the medication was helping with any functional deficits the injured worker might have had. Also, the submitted request lacked any evidence of what the injured worker's pain levels were before, during, and after medication administration. It was noted that the injured worker had severe GI upset and constipation with the use of MSIR and Opana ER, but there was no indication of the injured worker having any side effects with Exalgo. Urinalysis submitted on 03/11/2014 showed that the injured worker was in compliance with medications. However, given the lack of documentation, the injured worker is not within MTUS recommended guidelines for continued use of opioid medication. As such, the request is not medically necessary.

**Hydromorphone HCL 4 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78 and 93.

**Decision rationale:** The request for Hydromorphone is not medically necessary. The California MTUS Guidelines' criteria state that the lowest possible dose should be prescribed to improve pain and function, and there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain, the least reported pain over the period since the last assessment, the average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There should also be the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain, which include pain relief, side effects, physical and psychosocial functioning and aberrant (or non-adherent) drug related behaviors. The MTUS also requires the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted documentation lacked any indication of the efficacy of the medication. Furthermore, it was not indicated whether the medication was helping with any

functional deficits the injured worker might have had. Also, the submitted request lacked any evidence of what the injured worker's pain levels were before, during, and after medication administration. It was noted that the injured worker had severe GI upset and constipation with the use of MSIR and Opana ER. Urinalysis submitted on 03/11/2014 showed that the injured worker was in compliance with medications. However, given the lack of documentation, the injured worker is not within MTUS recommended guidelines for continued use of opioid medication. As such, the request is not medically necessary.

**Norco 10mg #150, 3-6 months supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78 and 93.

**Decision rationale:** The request for Norco 10 mg is not medically necessary. The California MTUS Guidelines' criteria state that the lowest possible dose should be prescribed to improve pain and function, and there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain, the least reported pain over the period since the last assessment, the average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There should also be the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain, which include pain relief, side effects, physical and psychosocial functioning and aberrant (or non-adherent) drug related behaviors. The MTUS also requires the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted documentation lacked any indication of the efficacy of the medication. Furthermore, it was not indicated whether the medication was helping with any functional deficits the injured worker might have had. Also, the submitted request lacked any evidence of what the injured worker's pain levels were before, during, and after medication administration. It was noted that the injured worker had severe GI upset and constipation with the use of MSIR and Opana ER. Urinalysis submitted on 03/11/2014 showed that the injured worker was in compliance with medications. However, given the lack of documentation, the injured worker is not within MTUS recommended guidelines for continued use of opioid medication. As such, the request is not medically necessary.